



CHSNAA ALUMNA OF THE YEAR AWARD
(Nomination Form)

Nominee's Name: _____

Address: _____ ZIP Code _____

Phone _____ E-mail Address _____

Year of Graduation _____ Financial Status: Dues Current? Yes _____ No _____

List number of years as a member of the Alumnae Association _____

List number of CHSNAA Reunions attended. Number (_____).

List the year (s): _____, _____, _____, _____, _____

List Office (s) held in the Alumnae Association _____

List Committee Membership (As a Chairperson and/or a Member: _____

Document how Alumna has made significant contributions as a nurse and/ or community leader. Include examples of how the nominee meets the criteria in areas, such as:

Family:

Community:

Local:

Regional

National

Pictures, certificates, awards, etc., may be submitted in your write up.

Name of Nominator signature: _____ Date _____

Official Use for Alumna of Year Committee *Only*:

Date Received _____

Date Reviewed _____

Committee Recommendation: _____

Committee Chair Signature: _____ Date _____

President Signature _____ Date _____